


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000022049 1. Entity Name NAPLES SKIN CARE, LLC	
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Principal Place of Business 300 5TH AVE. SOUTH #101-336 NAPLES, FL 34102	Mailing Address 300 5TH AVENUE SOUTH F101-336 NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE



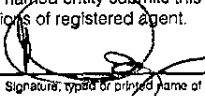
03242005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1159983	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VAN SCHAAARDENBURG, DEBRA J 535 PARK STREET NAPLES, FL 34102	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Debra Van Schaardenburg <small>Signature, typed or printed name of registered agent and title if applicable</small>	3-25-05 <small>DATE</small>

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAITE, MELISSA 1259 8TH AVE. N. NAPLES, FL 34102
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE  Melissa A. Waite <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3-25-05 23948472601 <small>Date Daytime Phone #</small>